NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE OLIFF & BERRIDGE, PLC Attorney Docket No.: 118317 P.O. Box 19928 Alexandria, Virginia 22320 Date: February 9, 2004 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 MAIL STOP PATENT APPLICATION Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application For (Title): THIN-FILM MAGNETIC HEAD Yoshitaka SASAKI By (Inventors): \boxtimes Formal drawings (Figs. 1-11; 11 sheets) are attached. Use Figure _____ for front page of Publication.

A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) 冈 This patent application is assigned to **HEADWAY TECHNOLOGIES**, INC. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application(s) No. ____ filed ____ in ___ is claimed (35 U.S.C. § ____ A certified copy of the above corresponding foreign application(s) is filed herewith. is claimed (35 U.S.C. §119). This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing. \boxtimes The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A **SMALL ENTITY SMALL ENTITY** FOR: NO. FILED NO. EXTRA **RATE FEE** <u>OR</u> **RATE FEE BASIC FEE** \$ 385 OR 770 **TOTAL CLAIMS** 20 - 200 9 = \$ \$ <u>OR</u> х 18

* If the difference is less than zero, enter "0".

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☐ MULTIPLE DEPENDENT CLAIMS PRESENTED

43 = \$ OR + .145 =\$ OR **TOTAL** \$ <u>OR</u>

x 86 \$ + 290 \$ TOTAL

Check No. 150865 in the amount of \$770 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

Jam Registration No. 27,075

Joel S. Armstrong Registration No. 36,430

INDEP CLAIMS

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